· Jan - I I I I - I I I I I I I I I I I I I	Wices	559-7111 T-907	2 P.01/02 F-856
N	Employee Inform	nation Record	
NATCHO, No.		Oracio Employes ID #:	
CUMPANY APC	APEL PO	HCC/NANA	NATCHIQ
APCAVODD .	GLOBAL PC		OMEGA
ARC ARCO New Hire	Reblre D R	elurn from Leave D Intermetion	- OMEGA
DEPARTMENT ALL NOW HITE		Absolion Change Only	
Transfer From:		Supervisor's Release	
PERBONAL INFORMATION	W COSKO PACKE	NREEARE) Kuparuk	Emp No.
	First Name -	Male Social	
GILBERT	OHN B	D □ Female 526-7	
Primary Address: HC 67 Box 2049	Alla	us Il	State 83.726
Secondary Address		CITY	State Zip
	1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and the second second	
7 alaphone 208-879-5186	Emergency Conject (Ni	Emergency Tel	5156 (201)-879 2
ASRC Shareholder? Yes No.	- 1	ASRC Shareholder? TYes	□ No. X51
None of alamoidate in res	Nemeral Spor		□ .to,
Previously Employed by ASRC or a	The state of the s	Alexander to be from the second	
Subsidiery?	LI Yes Man I I'Ve	Company:	· · · ~
Orninal Employment	Separation Dates	Previous Súpervisor:	
EMPLOYMENT INFORMATION	(OFFICE VALL)	1 Maria de la companya del companya del companya de la companya de	
	(MENUGRADA)	Exempt	D Non Evernet
Organization:	e medt.		Non-Exempt
APC ARCO OPERATION	SUCE I	Elfective Date: /30/01	Title: SAFERY Special
Job Code: # 00006. 564. SZ.ST	TA DEUL SALETY	Rate of Pay: 5 358 29 BHourly D Pay Rate	☐ Salary
Location: Kuparuk		Simpero Work Week Hours:	70
Prilitime - Regular PT Reg <18 hours	□PT Hog > 40 hours	Workers Comp Code: 6	6884D.
Full-time - Temporary PT Reg >20 hours	Ciran ime Temporary	Project No 2024	Union No.: 167757
		Charles Commence	
SIGNATURES	2 18 V	Z	information A coop of I
By signing below, the employee acknowled	iges they have read; but	reviol Deposit local employees.	If an employee walves
form will be provided to the employee. Net Automatic Payroll Deposit, the employees	payroll direct will be to	Warded in their respective work	site each Friday.
	101,1		1/31/01
Employee Signature:	The state of the s	Date Signed:	1./31/01
Witness Signature:	Januar	Date Signed:	3/-01
mediate	APPROXITE TO THE PARTY OF THE P		1. 1.
spervisor. Konald	M line	Date Signed:/	16/0/
Department			10/01
Manager:	1	Date Signed:	10/5.1

NATCHIO	se 3:03-cv-00174	Employee Information 3	mation Reco 2-3 Filed 08 Oracle E	8/02/2006 Pa mployee ID #:	age 2 of 6		
	⊠ APC		нсс	☐ HCC/NANA	☐ NATCHIQ		
	APC/WOOD	☐ GLOBAL PC			□ OMEGA		
A RCO OFATIONS DEPARTMENT	New Hire		Return From Leave of Absence	Information Change Only			
1	☐ Transfer From: To:		Supervi	sor's Release:			
PERSONAL INFO	RMATION	(USE BLACK P			Emp No. 6804		
Last Name	bert.	Joh N		Male Social Female <i>526-7</i>	Security # Date of Birth 17-3420 12/07/63		
Primary Address	Box 2049		City UL/S	TI	State Zip DAHO 83226		
Secondary Addres	ss ,	/	City		State Zip		
3.5 mi Telephone	west OF A	Emergency Contact (N	June)	CHallus Emergency Tel	# 83226		
208-879-	5186	CINDY GILBE			-5186 H		
ASRC Shareholde	er? Yes No		ASRC Sharehol	der? Yes	(20E) 879 2304 No ×517		
	, , , , , ,	Name of Spo	ouse:				
Previously Employ Subsidiary?	red by ASHC or a	☐ Yes ☑ N	lo Com	npany:			
Original Employme Date	ent	Separation Date:	Previous	Supervisor:			
EMPLOYMENT IN	FORMATION	(OFFICE USE	ONLY)	JVA NO.			
C ilzation:	-			xempt	☐ Non-Exempt		
5.00	ARCO OPERATIO		Effective Date:	1/30/01	Title: SAFETY Spaces		
4 -	2626 Sur S	Sfy. H. Specialist	Rate of Pay \$ 350 00 Day Rate Salary				
	0000, 5th. xc	Safety	Houriy	Day nate	☐ Salary		
Location: Ku		Safety Safety		k Week Hours:	Salary 70		
Location: Ku		Safety		k Week Hours:	70		
	PT Reg <19 hours	□PT Reg >30 hours	Standard Work Workers' Com	k Week Hours:	70		
DFull-time - Regular	PT Reg <19 hours	□PT Reg >30 hours	Standard Work Workers' Com	k Week Hours:	70 68810		
Full-time - Regular	PT Reg <19 hours Ty PT Reg >20 hours the employee acknowled to the employee.	□PT Reg >30 hours □Part-time - Temporary	Standard Work Workers' Com Project No.: understand and a Payroll Deposit to	k Week Hours: p Code: gree to the above o all employees.	70 68810 Ace5: Unierr No.: 6775† e information. A copy of this If an employee waives		
Full-time - Regular	PT Reg <19 hours Ty PT Reg >20 hours the employee acknowled to the employee. Deposit, the employee.	PT Reg >30 hours Part-time - Temporary wledges they have read, to Natchiq offers Automatic te's payroll check will be for	Standard Work Workers' Com Project No.: understand and a Payroll Deposit to	k Week Hours: p Code: gree to the above o all employees. respective work	70 68810 Ace5: Unierr No.: 6775† e information. A copy of this If an employee waives		
Full-time - Regular, Full-time - Tempora SIGNATURES By signing below, form will be provided Automatic Payroll	PT Reg <19 hours The employee acknowled to the employee. Deposit, the employee. Deposit, the employee.	PT Reg >30 hours Part-time - Temporary wledges they have read, to Natchiq offers Automatic te's payroll check will be for	Standard Work Workers' Com Project No.:2	gree to the above o all employees. respective work	20 ACES: Unierr No.: GT15T e information. A copy of this If an employee waives site each Friday.		
Full-time - Regular SIGNATURES By signing below, form will be provide Automatic Payroll Employee Signature	PT Reg <19 hours The employee acknowled to the employee. Deposit, the employee. Deposit, the employee.	PT Reg >30 hours Part-time - Temporary wledges they have read, a Natchiq offers Automatic re's payroll check will be f	Standard Work Workers' Com Project No.: 2	gree to the above o all employees. respective work	20 ACES: Unierr No.: GT15T e information. A copy of this If an employee waives site each Friday.		
Full-time - Regular SIGNATURES By signing below, form will be provid Automatic Payroll Employee Signature Immediate	PT Reg <19 hours Ty PT Reg >20 hours The employee acknowled to the employee. Deposit, the employee. The employee acknowled to the employee. The employee acknowled to the employee. The employee acknowled to the employee.	PT Reg >30 hours Part-time - Temporary wledges they have read, a Natchiq offers Automatic re's payroll check will be f	Standard Work Workers' Com Project No.: understand and a Payroll Deposit to orwarded to their Date Sig	gree to the above o all employees. respective work gned:	20 ACES: Unierr No.: GT15T e information. A copy of this If an employee waives site each Friday.		

CENEDAL	INFORMATION
Lambers	INDECIMAL REPRESENTATION

Policy Number:	Employer Na	ime:	e:						
0002000 Divison Number	Natchiq, Inc.								
Employee Name: Jo HN GILBERT	☐ Female ☐ Male	Date of Birth 12 / 7 / 63	Social S			State of Birth			
Spouse Name: N/A	☐ Female ☐ Male	Date of Birth N/A	Social S	ecurity N/A		State of Birth N/A			
Street Address: HC G7 Box 2049 City/State/Zip: CHALLS, ID4HO 83226		(208) 679 -5		O Si	ingle arried	Date of Hire 2 / 1 / 0/			
Employee Occupation (Specific Duties): 4-Safett, ENVIRONMENTAL SPECIALIST	Earning				Hours we	orked per week			

VOLUNTARY BENEFIT PROGRAM									
	n Disability								
Elimination Period	1 Day Injury/8 Day Sickness		X_ 10						
Benefit Duration	26 Week Benefit		Total Premium						
Weekly Benefit Amount	\$ 600 =	12	\$ 45.60						

REQUEST FOR COVERAGE

The Voluntary Benefit Program has been offered to me and after seriously considering the benefit, I have decided to: (Please indicate your choice) REQUEST COVERAGE for which I am or may become eligible under the group policies issued by Guarantee Life Insurance Company. I also: (1) authorize any required deductions from my earnings; (2) name the beneficiary on this Enrollment Form to receive any benefits payable in the event of my death; (3) represent that my answers under the "Statement of Health" on the back of this Enrollment Form are true and complete, and that information on each item answered "yes" has been fully disclosed; and (4) understand that to be eligible, I must be a permanent employee working at least 30 hours per week.

NOTE: If you have chosen to participate in the Voluntary Benefit Program(s), please review the Authorization and sign below.

NOT ENROLL myself or dependents in the Program. I understand that if I apply for coverage at a later date, and if a physical examination or further medical information is required, it will be at my own expense.

THE AUTHORIZATION BELOW MUST BE SIGNED AND DATED OR THE ENROLLMENT FORM WILL BE RETURNED

This authorization applies to any physician, medical professional, hospital, clinic, other medically related facility, insurance or reinsurance company, the Medical Information Bureau, Inc., (MIB), consumer reporting agency or employer, having: (1) information about the diagnosis, treatment or prognosis of any physical or mental condition of me or my minor children; or (2) any other non-medical information about me or my minor children.

I authorize the above sources to give Guarantee Life Insurance Company, its reinsurers, or any of the above sources (except the MIB) such information. I understand Guarantee Life Insurance Company will use the information obtained with this Authorization to determine eligibility for insurance, and will release such information only: (1) to reinsurance companies, the MIB, or other persons or organizations performing business or legal services in connection with my application; or (2) as I may further authorize or as may be lawfully required. I know that I may request a copy of this Authorization, and acknowledge receipt of the Notice of Information Practices. I agree this Authorization shall be valid for 2 ½ years from the date shown below, and that a photocopy shall be as valid as the original.

_ Signature of Employee: _______

The insurance requested on this enrollment form will not be effective until approved by the Home Office of Guarantee Life Insurance Company, and the initial premium is paid to Guarantee Life Insurance Company. A delayed effective date will apply if the employee is not actively at work, or a dependent is in a period of limited activity on the date insurance would otherwise take effect.

GLVP 20 (1-97)

r		Ē	ı
R	O	u	١
	•	ч	ı
,		_	

Case 3:03-cv-00174-RRB Decument 32ation Fixed 08/02/2006 Page 4 of 6

marchia,	inc							Oracle E	mployee	1D#: F
COMPANY	\boxtimes	APC		☐ APEL	□ нсс		☐ HCC/N/	ANA	□ N/	ATCHIQ
		APC/WO	OD	☐ GLOBAL PC					□ or	MEGA
APC . HILLIPS OPERATIONS DEPARTMENT		New Hire		Rehire	Return From L of Absence	eave	Informati Change	Snly (at	Te C	hange
		Transfer	From: To:		Si	upervis	or's Release:			
PERSONAL INF	ORI	MATION		(USE BL	ACK PEN PLEASE	E) ·	Kupa	aruk Emp	No. C	2804
Last Name				First Name	MI	M		ocial Secur		Date of Birth
GILBERT		JoHn	١	D			Female 5	26-77-3	3420	12/1/63
Mailing Address					City			State		Zip
Physical Address					City			State	-	Zip
Telephone		82.1		Emergency Cont	act (Name)		Emergency	Telephone		
ASRC Shareholde	r?	☐ Yes	□ No	Is Spouse an A Name of Spous	SRC Shareholder?	☐ Ye	es 🗌 No			
Previously Employ	ed b	v ASRC or	a Subsidi	ary?	☐ No Con	mpany:				
				Separation Date			us Superviso	or:		
EMP' OYMENT					USE ONLY)		VA NO.			
	-			<u> </u>				cempt	☐ Nor	n-Exempt
Organization: A	PC I	HILLIPS	OPERA?	TIONS DEPT			ective Date:	Title:	٠.	
Job Code: 00	0000	.CHARL ST					te of Pay \$		TY SE	CECIALIST.
	- 27/15-01			SATORY SP	BEIALLST L		Hourly	Day Day		Salary
Location: K	UPA	RUK					10			
Full-time Regular	arv		Reg<19 hou Reg>20 hou		Reg>30 hours -time Temporary		CO5/	nsation Cod	e:	Sada:
			1106- 20 1100		-time remporary	Pro	Ject 70	25	ACES	37756
SIGNATURES	_									
provided to the emp	oloye	e. Natchio	offers Au	itomatic Payroll De	inderstand and agree posit to all employees e work site each Frid	s. If an	above inform a employee v	ation. A c	opy of the	uis form will be ayroll Depos [:]
Employee Signatur	e: (John	Sil	ln/	· Date	Signe	d:	6/1	5/01	
Witness Signature:	,				Date	Signe	d:			
Immediate Supervis	sor: (Sca	- N	3º Lang	Date	Signe	d: _<	-/15/	01	*
Depaent Manag	er:	D	PX5	3	Date	Signed	d: 4	11,1	0 1	

02/2000

Training Server Org Code:



Case 3:03-cv-00174-RRBIo Pecument 32-3 page 5 of 6

приспо	, inc					-				Oracle E	mployee	ID#:
COMPANY	\boxtimes	APC			APEL		HCC		□ нсс	C/NANA	□ NA	тсніо
CONTRACT		APC/WO	OD		GLOBAL PC						□. O¥	MEGA
APC PHILLIPS		New Hire		П	Rehire		Doturn From I		⊠ Info	mation		,
OPERATIONS DEPARTMENT	П	New rife		Ц	nemie	П	Return From L of Absence	.eave	☑ Information Chan	ge Only —		
		Transfer	From:				s	upervi	sor's Relea	ase:		
			To:					_				
PERSONAL IN	IFOR	MATION			(USE BL	ACK I	PEN PLEAS	E)	К	uparuk Emp	No.	
Last Name				Fi	rst Name		MI	M	Male	Social Secur	ity#	Date of Birth
GILBERT				J	DHN D				Female	526-77-34		12/7/63
Mailing Address							City CHALTS	- Un		State		Zip
HC 67 BOX 20 Physical Address							City	-114	LUIS	ID State		83226- Zip
He 67 E	30 X	2049					CHALIS	OH	ours	ID		83226-
Telephone			70		mergency Conta					ncy Telephone		_
(208) 879-518	36			C	INDY GROSS	GILB	ERT		(208) 8	379-2304	15/7	7
ASRC Sharehold	ler?	☐ Yes	No.]	Is Spouse an AS	RC SI	areholder?	□ 3	res 🖳	No		
				1	Name of Spouse	2:						
Previously Empl	oyed b	y ASRC or	a Subsidi	ary?	☐ Yes	×	No Co	mpan	y:			
Original Employ	ment l	Date:			Separation Date	:		Previ	ous Super	visor:		
EM. YMEN	INF	ORMATIO	N		(OFFICE	USE	ONLY)		JVA NO.			
										Exempt	☐ Non	-Exempt
Organization:	APC	PHILLIPS	OPERAT	101	NS DEPT			E	ffective Dat		sor, Safety	y .
Job Code:	0000	0.Staff.Su	pSfty.J.Su	pen	visor Safety				ate of Pay 5		. Data	☐ Salary
Location:	KUP	RUK						_	Hourly tandard Wo	rk Week Hours		□ зашу
-								W	Jorkers' Cou	mpensation Cod	e.	
Full-time Regu	lar	☐ PT	Reg<19 hour	rs	☐ PT R	teg>30 h	ours		Workers' Compensation Code: 005606			
Full-time Tem	porary	□ PT	Reg>20 hour	rs	☐ Part-	t-time Temporary			Project No.: 626		ACES Code: 17900J	
SIGNATURES												
By signing below, the employee acknowledges they have read, understand and agree to the above information. A copy of this form will be provided to the employee. Natchiq offers Automatic Payroll Deposit to all employees. If an employee waives Automatic Payroll Deposit, the employee's payroll check will be forwarded to their respective work site each Friday.												
Employee Signat	ure:						Date	e Sign	ed:			
Witness Signature	e:						Date	e Sign	ed:			-
Immediate Super	visor:						Date	Sign	ed:			
Department Mana	ager:						Date	Sign	ed:			

)2/2000

Training Server Org Code:

NATCHIQ,	, iNC.				Oracle Employe	e ID#:
COMPANY		☐ APEL	□ нсс	□ нс		IATCHIQ
	☐ APC/WOOD	☐ GLOBAL PC			. 🗆 0	MEGA
APC PHILLIPS OPERATIONS DEPARTMENT	☐ New Hire	Rehire	Return From Le of Absence		mation Rate Increase Only Position	
-	☐ Transfer From:	non unior	transfers only Su	pervisor's Relea	ase:	
PERSONAL INF	ORMATION	(USE BL	ACK PEN PLEASE) K	uparuk Emp No.	6804
Last Name		First Name	MI	Male Male	Social Security #	Date of Birth
Gilbert		John ·	D	☐ Female		12/7/63
Mailing Address	8 7		City		State	Zip
Physical Address			City		State	Zip
Telephone		Emergency Conta	ct (Name)	Emerger	ncy Telephone	
ASRC Shareholde	r? ☐ Yes ⊠ No	Is Spouse an AS Name of Spouse	SRC Shareholder? [☐ Yes 🛛	No	
Previously Employ	yed by ASRC or a Subsic	liary?	☐ No Con	ipany:		
Original Employm	nent Date:	Separation Date	: I	Previous Super	visor:	
EM OYMENT	INFORMATION	(OFFICE	USE ONLY)	JVA NO.		
						on-Exempt
	PC PHILLIPS OPERA			Effective Da 1/3/2002	te: Title: Safety Supervis	or
Job Code: 0	0000. Graft. Sup Sfty	. J. Supervisor	Safety	Rate of Pay		Salary
Location: K	UPARUK			And in column 2 is not a second	ork Week Hours:	
_	_	_		Workers' Co	mpensation Code:	
Full-time Regula Full-time Tempo		urs PT R	teg>30 hours time Temporary	008810 offi Project No.:		Code:
010114711770				2624	17	900 J
SIGNATURES						
provided to the em	the employee acknowled ployee. Natchiq offers A roll check will be forwar	utomatic Payroll Dep	oosit to all employees	. If an employ		
Employee Signatur	re: John J	ellent	Date	Signed:	1-4-0	
Witness Signature:			Date	Signed:	-	
Immediate Supervi	sor:		Date	Signed:		
Department Manag	er: Day	3 The	Date	Signed:	1-4-0.	2
2/2000	859	15/		/	Training	Server Org Code:
	7 17				, , , ,	APC0020